

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4571 STATE FILE NUMBER 63-032168

FILED SEP 11 1963

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Raytown</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Med. Center</u> | | d. STREET ADDRESS (If outside, give location) <u>11000 East Gregory</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Mollie</u> Middle <u>Byer</u> Last <u>Byer</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1963</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/19/82</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Russia</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Herschel Marder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Basas</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 17. INFORMANT <u>Mrs. Jennie Chernikoff, Raytown, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Hours</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | |
| | | DUE TO (c) <u>20 Years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Uremia; Diabetes Mellitus</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>5:25</u> a.m. <u>15</u> Month, Day, Year <u>Aug. 15, 1963</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY <u>K.C.</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Nov. 1958</u> to <u>Aug. 15, 1963</u> and last saw <u>her</u> alive on <u>Aug. 15, 1963</u> Death occurred at <u>Aug. 15, 1963</u> <u>5:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Jack C. Vincent, M.D.</u> | | 22b. ADDRESS <u>701 East 63rd K.C., Mo.</u> | |
| 22c. DATE SIGNED <u>8/17/63</u> | | | |
| 23a. BURIAL (CREMATION, REMOVAL (Specify)) <u>Burial</u> | 23b. DATE <u>8/18/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Louis Memorial Chapel, K.C., Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-16-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | | | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Jack C. Vincent

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucy Ruffington.

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.